

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715589

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** FOREST HILLS UNITED METHODIST CHURCH OF TAMPA, FLORIDA, INC.

**Current Principal Place of Business:**

904 W. LINEBAUGH AVE.  
TAMPA, FL 32612

**New Principal Place of Business:**

**Current Mailing Address:**

904 W. LINEBAUGH AVE.  
TAMPA, FL 32612

**New Mailing Address:**

**FEI Number:** 59-6031696

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PERRIN, CAROL  
2308 CAPE BEND AVE.  
TAMPA, FL 33613 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: WOOD, PATLI  
Address: 5647 RAWLS RD  
City-St-Zip: TAMPA, FL 33625

Title: VD ( ) Delete  
Name: VANDERLOAN, DAVID  
Address: 10202 N EDISON  
City-St-Zip: TAMPA, FL 33612

Title: M ( ) Delete  
Name: PERRIN, CAROL  
Address: 2308 CAPE BEND AVE.  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: KEETH, JUDY  
Address: 503 HERABEL DRIVE  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CD (X) Change ( ) Addition  
Name: WARNOCK, RAY  
Address: 10511 HOMESTEAD DR  
City-St-Zip: TAMPA, FL 33618 US

Title: VD (X) Change ( ) Addition  
Name: LEWIS, BILL  
Address: 1724 W FOLLOWTHRU DR  
City-St-Zip: TAMPA, FL 33612 US

Title: M (X) Change ( ) Addition  
Name: PERRIN, CAROL  
Address: 2308 CAPE BEND AVE.  
City-St-Zip: TAMPA, FL 33613 US

Title: SD (X) Change ( ) Addition  
Name: KEETH, JUDY  
Address: 503 HERCHEL DRIVE  
City-St-Zip: TAMPA, FL 33617 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL PERRIN

M

04/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date